LIVING BERTH CERTIFICATE BONDE

for

ANTHONY TONY SHERROD

NEW YORK PUBLIC HEALING MINISTRY

CERTIFICATE FOR LIVING BERTH

LOCAL FILE NUMBER — BERTH NUMBER

CHILD NAME	FIRST	MIDDLE	LAST	BIRTH DATE MONTH, DAY, YEAR	HOUR
1	Anthony	Tony	Sherrod	2a 4-3-63	2b 9:45 am

SEX	THIS BIRTH: SINGLE, TWIN, OR TRIPLET?	IF NOT SINGLE BIRTH, BORN FIRST, SECOND, THIRD, ETC (SPECIFY)?	BIRTH COUNTY
Boy	Single		Kings

CITY, VILLAGE OR TOWNSHIP FOR BIRTH	WITHIN CITY LIMITS (YES OR NO)?	HOSPITAL NAME (IF NOT HOSPITAL, GIVE STREET AND NUMBER)
BedfordStyveson,Brooklyn,N.Y	yes	Brooklyn Jewish Hospital

MOTHER: MAIDEN NAME	FIRST	MIDDLE	LAST	AGE	BIRTH STATE
6a Glover	Lillie	Mae	Sherrod	6b 41	6c GEORGIA

RESIDENCE: STATE	COUNTY	CITY, VILLAGE OR TOWNSHIP	WITHIN CITY LIMITS	STREET AND NUMBER
7a New York	7b Kings	7c Brooklyn	7d yes	7e 917 Saint Marks Place

FATHER: NAME	FIRST	MIDDLE	LAST	AGE (AT TIME OF THIS BIRTH)	BIRTH STATE
8a James			Sherrod	8b 45	8c

INFORMANT (PERSON WITNESS)	RELATION TO CHILD
9a Lillie mae	9b Mother

I CERTIFY THAT THE ABOVE STATED CHILD WAS BORN LIVING AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE. — SIGNATURE | DATE SIGNED (MONTH, DAY, YEAR) | ATTENDANT M.D., D.O., MIDWIFE, OTHER (SPECIFY)

CERTIFIER'S NAME (TYPED OR PRINT) | MAILING ADDRESS

REGISTRAR'S SIGNATURE | DATE RECEIVED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

CONFIDENTIAL INFORMATIONE FOR MEDICAL, HEALING AND ESTATE USE ONLY

United States Treasury Bonde

Entitled Beneficiary Estate

for

paid to trust account

Anthony Tony Sherrod

03 April 1963 9:45 am

100,000,000

one hundred million United States Dollars

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Anthony T. Sherrod